TRANSFER OF ASSETS VOUCHER

(To be used to transfer employer assets to cover all, or a portion of, member contributions)

1999/2000 FISCAL YEAR
(To be used for payroll periods ending on dates
  July 1, 1999 through June 30, 2000)

This voucher is to be used to authorize CalPERS to transfer the amount indicated below from employer assets of the employer/rate plan identified on this voucher to the member accumulated contribution accounts per the attached report of contributions.

Employer Code: 1999
Employer Name: TOWN OF ANYWHERE
Rate Plan: MISCELLANEOUS RATE PLAN

I hereby certify that I am the duly appointed, qualified, and acting officer of the herein named employer, and that I authorize CalPERS to transfer employer assets to member accumulated contributions by CalPERS coverage group(s) and service period in the amount(s) as indicated.

Signature ___ John Doe ____________________________________________

Service Period ___07/99/0_____________________________________

Coverage Group__70001________ Amount $__700.00_____
Coverage Group__70002________ Amount $__70.00_____  
Coverage Group________________ Amount $________________
Coverage Group________________ Amount $________________

(YOU MAY ONLY USE THIS FORM FOR COVERAGE GROUPS IN THE MISCELLANEOUS RATE PLAN)